

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3						
4						
5						
6						
7						
8						
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10						
11	1					
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26	1					
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41						
42	1					
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48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	30					
TOTAL CLAIMS	33					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.						
TOTAL CLAIMS						